



PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Atty. Docket No. 99-21 D1

Inventor(s): NAMEY	
Appn. No.: 10/764,108	Conf. No.: 7887
Filed: January 23, 2004	
Title: Two-Shot Injection Molded Nasal/Oral Mask	
Examiner: Butler, P.	Group Art Unit: 1732
Express Mail Label No. (if applicable): EL 997385120 US	

This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee from the original due date of October 7, 2005 are as follows:

(check time period desired)

- |                                     |                                       |                  |
|-------------------------------------|---------------------------------------|------------------|
| <input type="checkbox"/>            | One month - 37 C.F.R. § 1.17(a)(1)    | \$ _____         |
| <input checked="" type="checkbox"/> | Two months - 37 C.F.R. § 1.17(a)(2)   | \$ <u>450.00</u> |
| <input type="checkbox"/>            | Three months - 37 C.F.R. § 1.17(a)(3) | \$ _____         |
| <input type="checkbox"/>            | Four months - 37 C.F.R. § 1.17(a)(4)  | \$ _____         |
| <input type="checkbox"/>            | Five months -37 C.F.R. § 1.17(a)(5)   | \$ _____         |

Less the previous extension fee of \$ \_\_\_\_\_ paid in papers dated \_\_\_\_\_, which were filed in the present application subsequent to the original due date.

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)   |
| <input type="checkbox"/>            | A check covering the amount due of \$ _____ is enclosed (check no. _____).  |
| <input checked="" type="checkbox"/> | The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.   |
| <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed. |

I am the  assignee of record of the entire interest.

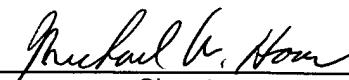
applicant.

attorney or agent of record.

attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174

December 6, 2005

Date

  
\_\_\_\_\_  
Signature

Michael W. Haas

Typed Name